

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$100.00 for date of service 01/22/02.
- b. The request was received on 07/17/02

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/05/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response in the dispute packet.

III. PARTIES' POSITIONS

1. Requestor: Requestor did not submit a position statement.
2. Respondent: No response found in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/22/02.
2. The denial codes listed on the EOB are "N-THE NUMBER OF BODY AREAS RATED. N-ANOTHER SERVICE PERFORMED ON THE SAME DAY."
3. The following table identifies the disputed services and Medical Review Division's rationale:

MDR: M4-02-4595-01

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS (Maximum Allowable Reimbursement) | REFERENCE | RATIONALE: |
|---------------|---------------------|----------|----------|--------------------|--|---------------------------------------|---|
| 01/22/02 | 99456 | \$600.00 | \$515.00 | N | DOP | Rule 133.307 (g)(3)(B) CPT descriptor | The Provider did not submit documentation that supports the services rendered as billed. Therefore, reimbursement is not recommended. |
| Totals | | \$615.00 | \$515.00 | | | | The Requestor is not entitled to reimbursement. |

The above Findings and Decision are hereby issued this 12th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb